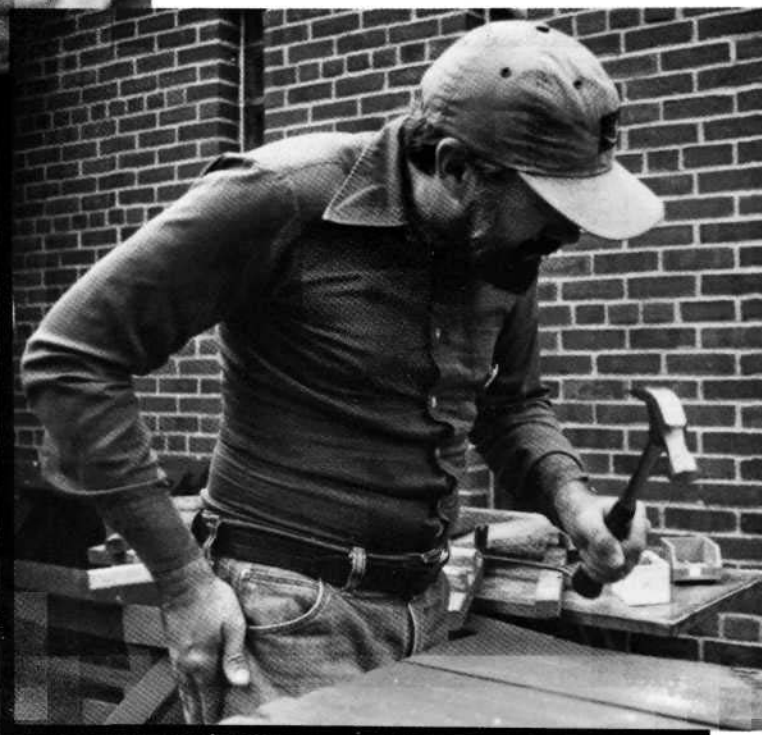
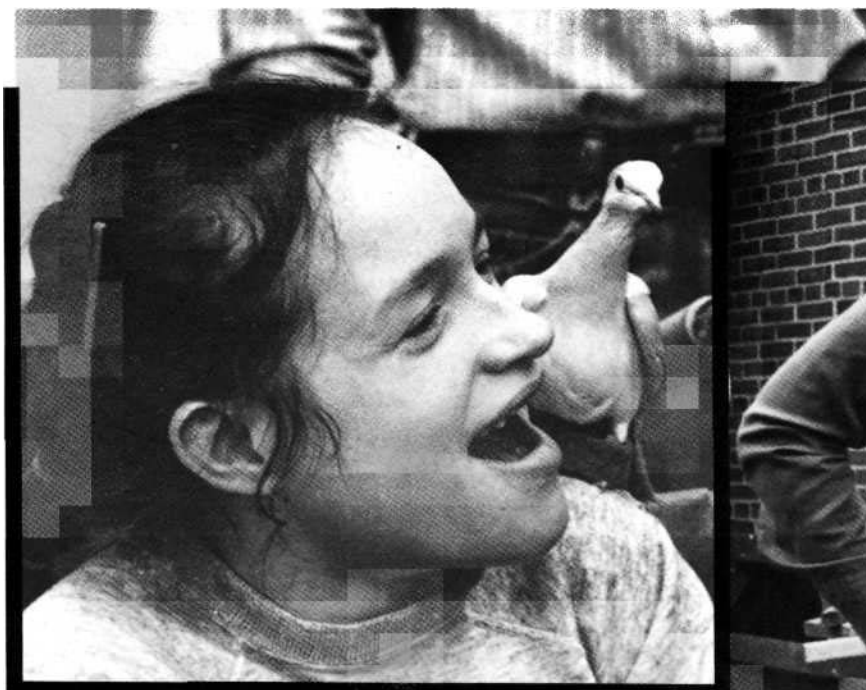


A Community Without Limits



A Community Without Limits

Who Needs a State Hospital?

In recent years, many people have asked that question. With declining resident populations and increasing operating costs for staffing and facilities, is it still necessary to support institutions such as Faribault State Hospital? Can't retarded Minnesotans be served just as well in other care settings?

Some can be served through other settings . . . and are already being served in those settings. But Faribault State Hospital is still needed by many retarded people, especially those who face many limits in addition to their developmental disabilities.



There has been a welcome trend in recent years to move beyond "domicilliary" care for the mentally retarded; that is, to strive to do more than simply provide the basics of food, shelter, clothing and security. For some retarded individuals, this opened up new opportunities and extended their limits. They have been able to move into various community care settings. But there are limits to the number and type of retarded individuals who can benefit from these other settings.

For those with "mild" retardation and no physical or behavioral limits, other care settings may be able to provide a decent home part or all of the time. However, most retarded individuals still face special limits and require specialized services once in awhile. Faribault State Hospital can provide those specialized services for retarded individuals living within other communities.

For other retarded individuals, Faribault State Hospital will always be their community, a community where they can get the care and support they need . . . a community without limits for those with special needs.

Who Does the Faribault State Hospital Serve?

Retardation takes many forms, with many different results. Some retarded people have few physical or behavioral problems, are gentle and cooperative, can be trained to some level of competency. Most of these retarded individuals are those you see in the community or who are used as examples of how retarded people can be brought to other care settings. But most people don't see the types of retarded individuals that Faribault State Hospital serves ... those with far more limits to their lives, such as:

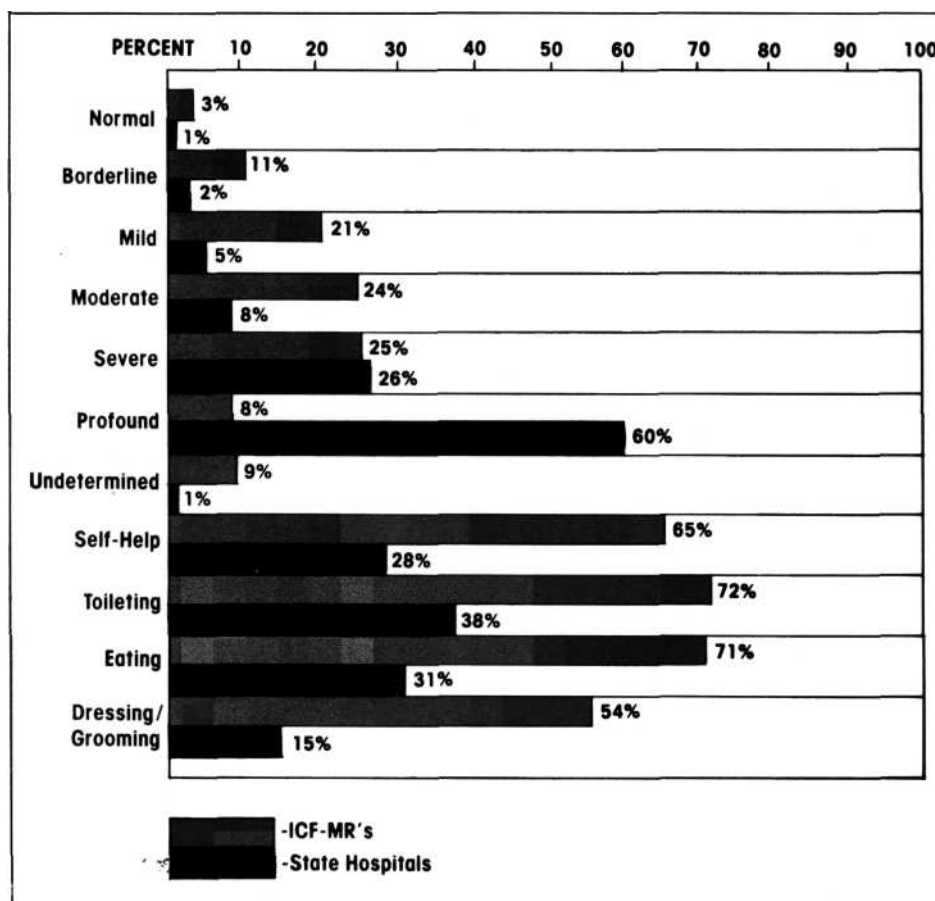
RETARDATION AND INDEPENDENCE LEVELS, STATE HOSPITAL AND COMMUNITY FACILITIES

- Severely and profoundly retarded individuals who need specialized and continuous support services.

- Multi-handicapped retarded individuals who need specialized living quarters and health care.

- Retarded individuals whose behavioral problems or history of violence would force their return to security hospitals or prisons if Faribault State Hospital were not available.

No one applauds and encourages "mainstreaming" and other community living situations for retarded people more than those who care for retarded people every day, such as the staff of Faribault State Hospital. But the severely and profoundly retarded, especially those with multiple handicaps as well, may never be able to function well enough to live independently outside the hospital... and almost all retarded individuals could benefit from some of the State Hospital services some of the time.



More than sixty percent of the residents at Faribault State Hospital are profoundly retarded, while just 9 percent of those in community care facilities are in that condition. In addition, almost two-thirds of those retarded presently placed in the community are capable of self-help, while far less than one-third of those in the State Hospital can handle any of the simple activities of daily life. Clearly there has been a "sorting process," leaving Faribault State Hospital with those who could create difficulties in community care settings.

What Services Does Faribault State Hospital Offer That Aren't Available in Other Care Settings?

There are really two considerations here: QUANTITY of services and QUALITY of services. Faribault State Hospital offers a wide range of high-quality services, in quantities unmatched by other care settings. That's why parents and guardians of retarded individuals currently living in other care settings still look to the State Hospitals for guidance and care for emergency situations. It's a resource that can't be matched by most other care settings.

At Faribault State Hospital, professionals from many different disciplines bring all their talents to bear on the problems of residents.

Using this "multi-disciplinary" team approach, care programs are tailored for each resident after consultation with medical and psychological specialists ... and with the parents or guardians of the resident. In addition, all programs must undergo a quality assurance review.

All residents receive thirty hours of developmental programs each week. This may range from music therapy classes to improve socialization and movement to computer-aided-instruction to learn basic word and picture identification or other educational skills.



Many residents suffer from various and severe types of epilepsy. Such persons are diagnosed by modern procedures and equipment and treated consistently with modern medical techniques. Staff members monitor residents' reactions to medical treatment all the time and especially during the critical early days of the procedures.

Staff members must provide an environment that does not unduly stress the resident... and bring on seizures. For many retarded people, common experiences of every day life can be quite frightening and disruptive. So Faribault State Hospital staff members take special care to slowly and correctly acquaint residents with the unknown and unfamiliar. Special therapy programs, such as the Outdoor Room, are used as well as special field trips or events.



Many technical types of therapy and training are used at Faribault State Hospital. For some residents, therapists focus on very basic activities of daily life, such as eating, toilet training, walking and using wheelchairs. It's often a long and difficult process to break through the barrier of retardation to help the individual. The reward, if any, may be no more than an almost-imperceptible change in attitude or action by the resident. And it's rarely a one-person or one-technique job. Rather, several types of therapy and several months or years of effort may be required before any improvements are seen.

The effort, both in terms of facilities required and human concern and concentration, exceeds the capability of most other care settings. In addition, it simply isn't "profitable," in economic terms. Rather, the reward comes from helping another human being extend the limits of his or her life.

Here are some case studies that illustrate the efforts and effectiveness of a multi-disciplinary approach to using the wide range of technical skills available at a State Hospital.

When V. arrived at Faribault, the profoundly retarded 35-year-old man weighed 202 pounds, quite heavy for his 5'7" height. He needed assistance in many different living skills. For example, he could rarely get out of a chair unassisted and could walk only a short distance before becoming tired. He needed help in walking and fell frequently.

V. had to be finger-fed all foods because he couldn't use a spoon. A staff member had to help him eat, but V. was very uncooperative.

V. wore diapers because he had no toilet skills. At night, he was dressed in coveralls to prevent him from smearing feces on himself.

V. was totally unresponsive to simple requests or to his name. He could not dress himself, yet would resist whenever anyone else tried to dress him.

V. was frequently a victim of Grand Mal seizures.

That was four years ago. Now careful nutrition and exercise has brought his weight down to 160 pounds, normal for his height. Special orthotic shoes and a program of therapy have improved his balance and walking skills, too. He can now walk up to one hour without being abnormally fatigued and he almost never falls. Also, his protective reactions have improved so much that he can catch himself if he falls off balance.

V. can now feed himself. He can even carry a cup and drink from it. Many other staff workers and without spilling. And V. is toilet-trained . . . no more diapers or nighttime coveralls.

V. can now follow simple directions such as "stand up," "go eat," "go to bed". And when someone calls his name, he responds with eye contact for as much as a full minute.

V. still can't dress himself, but he does extend his arms and legs and that made these extraordinary pulls up his own pants. He cooperates instead of fighting staff members.

Perhaps best of all, V. has not had a Grand Mal seizure in more than one year.

The words of a case history can't hope to describe the kind of effort that goes into expanding the limits for people like V. But here are some of the Faribault State Hospital systems involved in his dramatic improvement:

PHYSICAL THERAPY helped V. develop better body image and learn to walk unaided. It also helped him learn to socialize somewhat with other residents and staff members. Few other care settings have the resources or expertise to provide this therapy.

DEVELOPMENTAL ACHIEVEMENT PROGRAMMING, or **DAP**, was used to help V. develop further living skills. Each resident participates in 30 hours of DAP each week, ranging from simple activities involving learning to dress or to eat to participation in various Work Activity Programs.

HOUSEHOLD STAFF MEMBERS worked with V. in many different ways. Each resident has a "one-on-one" staff member who works closely with that resident on a daily basis. The one-on-one approach helps the resident in many different ways. The resident begins to recognize one person, and that person learns to recognize signs of normal and abnormal behavior on the part of the resident. The one-on-one staff member helps the resident throughout the day, including such activities as dressing, eating, participating in various DAP programs and handling necessary daily activities.

In addition, the one-on-one approach means that a staff member who knows the resident well is available to monitor that resident's condition . . . and to take action if the resident's condition warrants medical, dental or psychological help on an emergency basis.

In other care settings, high turn-over is the rule. As a result, staff members rarely get a chance to learn every nuance of a resident's behavior. Without that knowledge and that continuity of care, improvements such as V. experienced are difficult to achieve.

HEALTH CARE PROFESSIONALS also helped V. He needed a careful routine of nutrition, medical supervision and medication to reduce his weight and to reduce the number of Grand Mal seizures he experienced. At Faribault State Hospital, such health care is readily available, right on campus.

Dealing with the retarded is often difficult for health care professionals. The patient can't describe symptoms . . . sometimes can't even accept treatment. It takes a special type of individual, well-trained and experienced, to cope with this situation. It's a type of individual rarely found . . . but common at Faribault State Hospital.

Many other staff workers and volunteers are involved in V.'s care. And, in a sense, so are all Minnesotans, people who fund and support the facilities and staff that made these extraordinary improvements possible.

But V.'s story is not unusual. At Faribault State Hospital residents learn to extend their limits in many different ways, day after day.

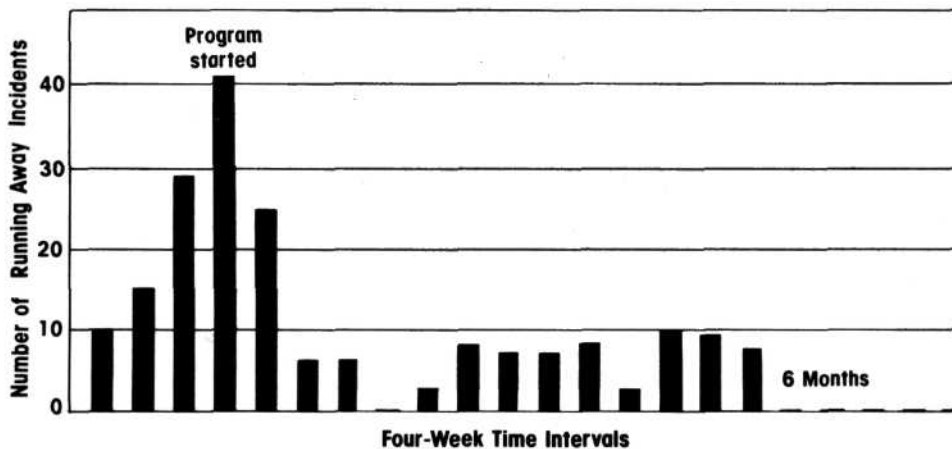
Many other staff workers and volunteers are involved in V.'s care. And, in a sense, so are all Minnesotans, people who fund and support the facilities and staff that made these extraordinary improvements possible.

Ellen tried to run away all the time. But, as a victim of Down's Syndrome, Ellen had poor survival skills. She would run away without concern for the weather or for her environment. As a result, she could no longer stay in a nursing home within the community. After they rejected her, her guardians had nowhere to turn except Faribault State Hospital.

When she came to Faribault State Hospital, therapists began immediately to extinguish her maladaptive behavior.

Ellen enjoyed the "cat-and-mouse" game of running away and getting the attention of many staff members.

PROGRAM TO DECREASE RUNNING AWAY



Ellen's program rapidly decreased her maladaptive behavior. Within 13 months, she went from more than forty attempts to run away down to no attempts ... increasing her safety and her suitability to live in an unlocked and free environment.

length of time without running away. When Ellen did run away, two specially-trained staff members would hold her for several minutes, until she calmed down. By restricting her freedom of movement, they made it clear that her behavior was unacceptable.

A buzzer system alerted staff each time Ellen tried to run away. This took some of the fun out of the activity for Ellen, since she would always be immediately spotted and stopped.

Ellen also exhibited a great deal of aggressive and violent behavior. The same system of reward and restraint was used to extinguish this behavior.

Ellen's program has been exceptionally successful. Before the program began, Ellen tried to run away about eighteen times each month. Now she has not tried to run away for almost

six months. She has had no assaultive episodes since August of 1978.



Many Faribault State Hospital residents face severe physical or psychological problems. If they need help, staff members can spot it right away ... and get expert assistance right on campus.

In Ellen's case, it took thirteen months of effort by a multi-disciplinary team to break habit patterns of many years. And it took the work of many people, ranging from psychologists and Human Service workers to Resident's Rights people to the maintenance crew that installed the special buzzer.

Faribault State Hospital and the Community

Faribault residents are very comfortable with State Hospital residents. People in wheelchairs or those with mental or physical handicaps are welcomed by the business community and by the people in town. Even more important, Faribault is a small town, so residents can walk to the central business district from the State Hospital. . . without fear of getting lost or hurt physically or emotionally.

The plain truth is that the residents of the State Hospital need Faribault. . . and Faribault needs the State Hospital. It's a mutually beneficial situation. Contrast this to the feeling many people have about the retarded, especially the group of retarded individuals with severe behavioral problems. Abstract discussions about the need to return retarded people to the community are one thing . . . but the reality of having retarded people in the neighborhood becomes something else. In Faribault, that is not the case. There is a deep understanding of the needs of the retarded within the community, plus a substantial economic incentive to accept and welcome Hospital residents.



The items produced in Work Activity Programs are not the main products, although the Hospital sells a number of products to fund further programs. The main product is helping residents learn to expand their limits, so they might be able to return to the community some day. In addition, residents from other care settings come to the Hospital for daily work activity.

Work Activity Programs are especially important for those residents who exhibit explosive behavior. Several residents at the Faribault State Hospital have committed crimes of violence. They learn to modify their unacceptable and dangerous behaviors by channeling that energy into useful patterns through work. The incidence of violence or other behavioral problems for many residents can be reduced enormously through Work Activity programs. It's also one of the many ways Faribault State Hospital can help some residents prepare for other care settings, where "attention to task" is an important consideration.

An Investment in the Future

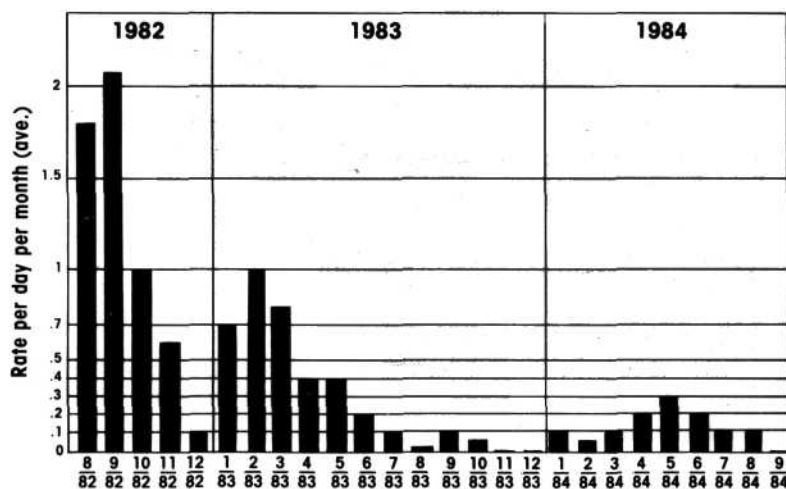
The Faribault State Hospital has served Minnesota for more than one hundred years. It is unique among care settings for the mentally retarded. It cannot refuse an applicant. Regardless of the family's financial condition, the applicant's physical, mental or behavioral problems, Faribault must guarantee their care. That's why retarded people who have been refused or rejected by other care settings return to Faribault State Hospital. It's a community that will accept them regardless of their behavior problems, level of retardation or history of violence and disruption.

It's an obligation the State Hospital meets with quality and cost-effectiveness. Many studies show that, when ALL the costs are considered, the State Hospital system costs LESS than other care settings. More important, the State Hospital system provides better services for that cost.

The State has invested heavily in the State Hospital. All physically-handicapped and acute-care areas are air-conditioned. Many buildings have been remodeled into Households—home-like residences for small groups of residents—that include private living, dining and bathroom safety areas plus bedrooms for one to four people. Buildings meet all codes and have been upgraded for greater energy conservation.

There are sixty households at the present time, each with a full-time staff capable of providing round-the-clock care for all household residents. The large number of households means that residents can be moved from one household to another to reduce behavior problems and that residents can live in compatible groupings.

ASSAULT REDUCTION



L., a profoundly retarded wheelchair-bound woman, would frequently assault herself by banging her head against something or striking herself with her own fists. Through a special developmental program, the staff at Faribault State Hospital was able to reduce that rate from more than two a day to far less than one each ten days.

This compares quite favorably with the type of care

available in other environments. Rather than dealing with a closed environment of just a few other retarded people, Faribault residents get the opportunity to deal with a wide range of staff members and other retarded people. Yet they still have the benefit of a home-like environment—safe, secure and familiar.

They have spacious grounds and comfortable dwellings, protecting them from harm. And they have a quality of care unsurpassed by other providers. As just one indicator of the quality of care available at Faribault State Hospital, the Hospital has voluntarily submitted to accreditation investigation by the

Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons. In their report, this respected council said that Faribault State Hospital showed "evidence of its commitment to providing services of highest quality" and "its accountability to the persons whom the Hospital services and who support it."

Faribault State Hospital will continue to provide those services to all who need the special care this special place provides.

Economic Impact

It's not surprising that Faribault and Rice County provides a welcoming environment for Faribault State Hospital residents. The Hospital employs nearly five percent of the County's labor force and more than 12 percent of the City of Faribault's workforce.

Ninety-five percent of those Hospital employees live within the City or County. So Faribault State Hospital is a major "industry" within this area . . . an area in which several other industries have already left.

If the Hospital payroll decreased by one-third, for instance, the City of Faribault would suffer a nearly \$60 million loss in spendable dollars . . . dollars spent in the town of Faribault and the County of Rice.

The "snowball" effect would be disastrous . . . for the community and for the entire state. Retail businesses would be forced to close their doors. Hundreds of jobs would be lost. Hundreds of homes would be on the market as these trained people were forced to move elsewhere in search of a position that would take advantage of their unique talents.



Facts About Faribault State Hospital

- Most retarded individuals (up to 90%) have always lived with their birth families. This trend continues.

- Of those in State Hospitals, 60% are profoundly retarded . . . and less than one in three is capable of self-help.

- The total cost, all things considered, is the same or less for a retarded individual in the State Hospital as it is for a retarded individual in other care settings.

- Among the developmentally disabled people in Minnesota, more than one-third also have physical handicaps, one-fourth aren't toilet-trained, 10 percent can't walk and 8 percent are bed-ridden. Many of these people are in State Hospitals.

